

ALP**53-14****KANSAS SECRETARY OF STATE
Limited Liability Partnership
Amendment to Statement of
Qualification****CONTACT: Kansas Office of the Secretary of State**Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.
Please read instructions before completing.***1. Business entity ID
number:***This is not the Federal Employer
ID Number (FEIN)***2. Name of the
partnership:***Name must match the name on
record with the Secretary of State***3. The statement of qualification is amended as follows:****4. Future effective date:**☐ Upon filing☐ Future effective date _____
Month Day Year**5. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.**_____
*Signature of partner*_____
*Date (month, day, year)*_____
Name of signer (printed or typed) **Instructions:**

- ☐ 1. Submit this form with the \$35 filing fee.
- ☐ 2. The persons filing the amendment must promptly send a copy to every nonfiling partner.
- ☐ 3. A certified copy of the amendment filed in another state may be filed instead of this form.

**STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO
WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.****NOTICE:** *There is a \$25 service fee for all checks returned by your financial institution.
All information must be completed or this document will not be accepted for filing.*